

**Home Visiting Task Force
Sustainability Workgroup Meeting
July 22nd, 2015**

MINUTES

Attendees: Liz Heneks (co-chair), Teresa Kelly (co-chair), Nancy Shier, Anna Potere, Jay Young, Cindy Zumwalt, Christa Austin, Penny Smith, Ralph Schubert, Gail Nourse

May 27th meeting minutes: the minutes were approved with no changes.

Home Visiting Budget

- There is an increase in the ISBE Early Childhood Block Grant in the FY16 budget, which would impact home visiting programs through the birth to three set-aside.
- ISBE is striving to restore funding for PI programs across the state that are still below the FY12 funding levels to the FY12 level of funding.
- The bill for operations and infrastructure contracts (HB4151) was vetoed, meaning that there is no authority at this point to proceed with allocations for contracts. The PI monitoring contract is proceeding with the work with the understanding that they will be reimbursed once a budget is passed.

Medicaid Financing

- Ohio State Plan Amendment:
 - To determine the reimbursement rates in its State Plan Amendment, Ohio contracted with an outside entity to provide a cost report on a sustainable rate. Transportation can be built into it, and it can also include preparation time and documentation time.
 - The State's Department of Medicaid set the unit of service at 15 minutes, and set the cap for the number of units at 232 for all fee for service programs.
- Options for Medicaid Financing: EPSDT versus TCM:
 - Most other states who fund home visiting through TCM are geared more towards case management programs and do not include parenting education or support.
 - Under EPSDT, a package of services can be offered. If the participant is found eligible for a service or services, they must receive treatment. The definition of who can provide this treatment is flexible according to federal guidance, and in Illinois under managed care the providers are more expansive. It is unclear whether, in Illinois, a physician must refer the child to treatment or whether another provider can.
 - Under EPSDT, eligibility is for those under 21 years of age, whether or not they are pregnant. If the mother is over 21, the child is eligible for EPSDT, and if the mother is under 21 and has a child they are both eligible for EPSDT.
 - Medicaid Federal Rule 132 outlines what it takes to become a certified agency. If an agency is already certified for one service, that agency does not have to become recertified to provide an additional service, but there is some administrative burden associated with billing, infrastructure, and training.
- Next Steps:
 - Determine who can provide treatment under EPSDT in Illinois and how pursuing reimbursement through EPSDT could impact serving pregnant women over the age of 21.
 - In mid-August, the co-chairs will determine when to request a meeting with HFS.

Wrap Up and Next Steps: The next meeting will be rescheduled for Thursday, October 29th from 10:00-11:30am.